

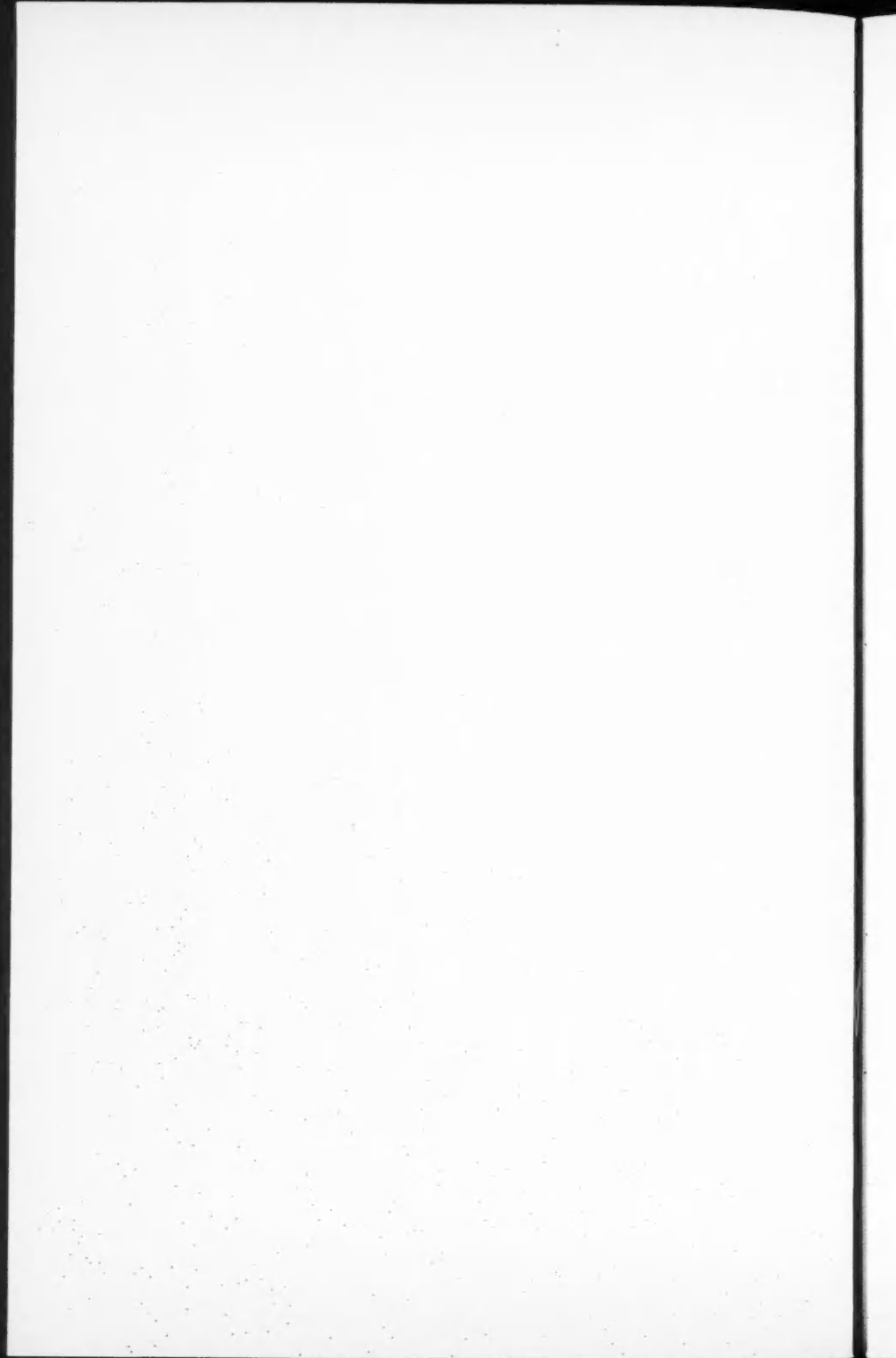
MEDICAL ADVANCES: BENEFITS AND RISKS

by

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MEDICAL ADVANCES: BENEFITS AND RISKS

SPECTACULAR ADVANCES in medicine are contributing to the creation of stupendous problems for mankind, some more formidable than those that can be set down as solved. Each step forward in the battle against disease is apt to produce new difficulties to be overcome; certain of the most striking achievements may even bring new hazards to health. At all times man is faced with the possibility that as he gains relief from old diseases, he will be confronted by new diseases over which he has no present means of control.

By saving individual lives, the success of the attack on disease has greatly enlarged national populations and at the same time changed their composition, not always for the better. On the one hand, medical progress offers the boon of longevity; on the other it imposes on society the burden of supporting huge numbers of unproductive individuals—the aged, the sickly, the disabled in addition to the young. Explosive population growth, due largely to medical achievements, raises the threat of eventual food shortages and of ultimate exhaustion of needed materials.

THREAT OF PHYSICAL DETERIORATION OF MANKIND

A medical research scientist recently put an uncommonly grim shading on the world's medical prospects by suggesting that genetic deterioration of the human race may be the price to be paid for humane application of medical knowledge.

For the first time in the history of living things, we are allowing the survival of large numbers of biological misfits, many of whom will become a burden for society. . . . We are allowing the accumulation of defective genes in the human stock by providing a type of medical care that permits those suffering from hereditary disease to live longer and have children. . . . This policy may constitute a step toward racial suicide, however noble it may appear in the light of our religious convictions and present-day ethics.¹

¹ Dr. Rene J. Dubos of the Rockefeller Institute for Medical Research, address before National Congress of Parents and Teachers, Omaha, Neb., May 19, 1958.

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The struggle for survival in prehistoric times tended to weed out from the reproductive stream individuals with hereditary disabilities. Long before the era of modern medicine, however, protections afforded by advancing civilization interfered with the ruthless forces of natural selection. Now medicine's tremendous advances against infectious diseases have made susceptibility to various disease-causing organisms no longer a factor in human survival, and improved surgical and obstetric procedures likewise have saved countless lives. But in the process there have been preserved the genes of millions whose congenital weaknesses are carried into successive generations.

New victories in the continuing medical war on degenerative diseases will accentuate this trend. Use of insulin by diabetics over the past 30-odd years illustrates how medical science, by developing controls over a deadly disease, may extend its prevalence in the population. Before the discovery of insulin as a specific, sufferers from diabetes, many of them children, faced early death. Insulin injections and diet precautions enabled diabetics to live fairly normal lives; now a new drug—tolbutamide—promises even better control.²

An example of a disease which has taken the lives of sickly children but which now promises to yield to controls, permitting survival into the reproductive years, is cystic fibrosis of the pancreas. Studies in the United States and the United Kingdom show that the ailment occurs in anywhere from one in 800 to one in 1,200 births. It is the second most common cause of death disclosed by post-mortem examinations in children's hospitals—more significant as a cause of child death than diabetes, paralytic polio, or rheumatic fever. Children dying from cystic fibrosis in 1956 averaged about four years of age; the oldest then known patient was just past 14. More recently a patient in the early thirties was reported.

The National Institute of Allergy and Infectious Diseases in the U.S. Public Health Service, which has been studying cystic fibrosis because its victims are prone to pulmonary infections, recently reported to a House subcommittee:

The inheritance of the disease is believed to be due to one recessive gene which must occur in both parents. It is estimated from

² According to the National Institute of Arthritis and Metabolic Diseases of the U.S. Public Health Service, one of four diabetic patients has substituted the new drug, which is taken by mouth, for insulin injections. The number of diabetics in the United States is estimated at around two million.

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genetic studies that the . . . incomplete gene is present in one in 16 persons in the population. . . . Based on the assumption that people with the disease do not live to a child-bearing age, it has been postulated by geneticists that there must be an extremely high mutation rate to keep the gene in the population.

The disease is controlled at present by administration of antibiotics and feeding of concentrated proteins to combat secondary infections. Further success along these lines will doubtless increase the presence of the disease in the population. One in four of the children of parents who both carry the cystic fibrosis gene may be expected to develop an active case.

The genetic consequences of disease control are largely a matter for speculation. The science of genetics is still in its early stages. Many scientists believe that the complexity of the factors governing human heredity precludes effective genetic controls, even in the unlikely event that human beings could be induced to follow eugenists' prescriptions. A biologist has observed: "The human genetic make-up is so diverse, and the various desirable and undesirable (by whatever definition) genes are so broadly scattered through the population, that the effect of any eugenic program would be very slow. . . . In a world full of immediate threats, the threat of genetic deterioration of man seems remote."³ It has been noted also that man in the past often has acted against his best genetic interests. War has repeatedly killed off the fittest of a generation; in the Middle Ages the best intellects were drawn into the church and thus in Western Europe became subject to the rule of celibacy.

LOSS OF NATURAL IMMUNITY TO INFECTIOUS ILLS

The paradox of action by medical scientists the effect of which is to weaken rather than strengthen the capacity of the human race for survival may take another form. People living in highly developed societies may be put in serious danger by the removal, for even a short period, of health safeguards to which they have become accustomed. Inoculation against disease, elaboration of sewerage and water purification systems, enforcement of sanitation requirements, popular education in personal hygiene and the like have created a relatively benign environment in advanced countries. But individuals living in such favorable circum-

³ Marston Bates, *The Prevalence of People* (1955), p. 213.

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stances fail to acquire the natural immunities of those who survive the hazards of unprotected environments.

When the efficacy of the Salk vaccine in reducing the incidence of polio among American children was successfully demonstrated in 1955, it was taken for granted that it would be a boon to children everywhere. But the World Health Organization cautioned against mass inoculation in countries with poor public health facilities, where most of the population had already acquired a natural immunity during infancy. It was noted that in highly developed countries polio had been striking increasingly at older persons, but that in poorer areas the infection was limited almost entirely to babies. A mass vaccination program would greatly reduce natural dissemination of the polio virus and might lead to a bad outbreak of the disease if artificial immunity from the vaccine was not regularly renewed.⁴

A familiar example of the hazards incurred by persons who have enjoyed the benefits of high public health standards is the host of precautions that must be taken by an individual who travels to an unprotected region. Before departing, he must take a number of injections to gain immunity against various diseases; while abroad, he must choose accommodations and food with exceptional care. Fresh fruits and vegetables must be excluded from the diet of the traveler in many foreign countries. Even so, he may come down with troublesome, even dangerous, infections. Yet millions among the native populations, taking none of the traveler's precautions, are not affected by these diseases.

Research on germ-free animals, now in progress at the National Institutes of Health, amply demonstrates the scientific basis of this paradox. The director of the National Institute of Allergy and Infectious Diseases told a House Appropriations subcommittee on Feb. 19 that "If we have learned anything at all about germ-free animals, it is that they are sadly deficient in resistance to invading microorganisms of any kind, presumably because they have never had their immunologic systems challenged to activity by the experience of having to deal with infectious agents of various kinds." Worm parasites which normally never complete their life cycles in ordinary guinea pigs were

⁴See "Progress Against Polio," *E.R.R.*, 1956 Vol. I, p. 195.

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found to finish the life cycle and "go on to a prolonged parasitism thereafter" in germ-free guinea pigs.

WEAKENING OF ABILITY TO WITHSTAND DISASTER

An author scientist, whose specialty is geo-chemistry, has speculated on the possibly dire consequences of a breakdown in the health safeguards which are taken for granted in highly developed nations. Such a breakdown might occur as the result of widespread natural catastrophe, of nuclear warfare, or of a crack-up of the economic system which supports the protective mechanisms of society.

The primary consequence of our removal of the forces of natural selection which have operated for so many generations will be that civilized man will become increasingly dependent on an artificial environment for his survival. As time goes on, he will become less and less able to recover from any major perturbation in civilization which might prevent the smooth functioning of his elaborate network of medical facilities. It is not at all unlikely that in future generations the majority of children born will have to be repaired in one way or another, and even greater numbers of people will have to adjust their biochemical functioning throughout their lives with diverse pills and injections.⁵

If civilized man reaches such a state of dependence on artificial health props, his vulnerability to social breakdown becomes obvious. A society "within which there has been little natural selection based upon disease resistance for several generations . . . [and] in which the people have come to depend increasingly upon surgery for repairs during early life . . . could easily become extinct in a relatively short time following the disruption of the machine network."⁶

SUBSTITUTION OF NEW HEALTH HAZARDS FOR OLD

Medical research and much of the application of medical knowledge today are themselves dependent on the tools of the machine age and the closely integrated organization of modern society. The support of medical facilities by a prosperous community, the perfecting and mass production of new drugs and devices, and the application of life-saving measures in modern hospitals are all inconceivable without the existence of a highly developed social and technical organization.

Yet the rapid advancement of technology has subjected

⁵ Harrison Brown, *The Challenge of Man's Future* (1954), p. 102.

⁶ *Ibid.*, p. 223.

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man to new stresses which may be as dangerous to his physical and mental well-being as the disease-bearers of more backward communities. The very crowding together in cities, accentuated by recent population growth, creates health hazards which did not exist when people lived in closer relationship to nature. The problem of stress is engaging medical attention more and more. Dr. H. van Zile Hyde of the U.S. Public Health Service recently commented on this source of manifold ills: "[Technological] development has been so rapid that the true nature and effect on man of these stresses remain thus far a mystery. Man must now deal increasingly with these problems as he completes his mastery of infectious disease."⁷

Dr. Hyde noted that the increasing amounts of chemicals being ingested by modern man constitute a new source of danger about which too little is known. Hundreds of chemicals, which Hyde said have not been adequately tested for their effect on the human system, are now being added to foods to color, flavor, and preserve them. Drinking water contains many chemicals dumped as wastes from industrial plants. More than a billion pounds of chemical insecticides are said to be used around the world for the protection of growing fruits and vegetables. Self-medication contributes further to what Dr. Hyde calls the "chemical miasma" affecting mankind.

Each year there are produced in one country alone 800,000 pounds of a single sleeping drug and over 60,000 pounds of an awakener, as well as 14 million pounds of aspirin—enough to make 19 billion five-grain tablets. More recently, people who do not appear to be happy either asleep or entirely awake are taking tranquilizing drugs to keep them in between. How dangerous is this chemical miasma? It is only possible to give partial answers.

Medical research suggests that heart disease and high blood pressure may be connected with minute traces of certain metals found in food. More than 300 different chemicals are known to produce cancer in animals. Deaths have been caused by air pollution. "These facts indicate something of the problem in the chemical sphere that emerges as infectious disease recedes."

Even the mounting toll of traffic accidents is now regarded as a medical problem peculiar to the times, for research has shown that human frailty is at the root of nearly all deaths and injuries on the highway. The growing inci-

⁷ World Health Organization news release, April 8, 1958.

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dence of mental illness is considered a major consequence of the swiftness of social changes that have accompanied technological advance; the social changes have placed unusual stress on many individuals who might have escaped it in less disordered times.

Medical Advances and Medical Problems

THE HISTORY of medical progress is replete with examples of triumphs over disease that caused as much if not more suffering than the ills they conquered. X-ray was used to treat a host of ailments for decades before doctors fully recognized the lethal effects of radiation poisoning. Until recently, the lives of many premature infants were saved only at the cost of blindness caused by an excess of oxygen in incubators.⁸ The insulin shock treatment for schizophrenia was hailed a quarter-century ago, only to be abandoned by most practitioners later as too destructive for the results obtained. Brain surgery for psychotics suffering extremes of anxiety enjoyed a similar vogue and then fell into disfavor because it reduced patients to a near-vegetative state.

Misses and near-misses appear to be an inescapable counterpart of medical progress, particularly in an age when tremendous pressures are put on research organizations to find new means of dealing with sickness. In only a few areas is the victory of medicine over disease clear-cut. This has been true in the case of certain infectious, communicable diseases, nutritional deficiencies, and complications of childbirth. Even in these areas there are still many gaps to be filled in applying existing knowledge, still some mysteries to be explored.

PROGRESS OF FIGHT ON COMMUNICABLE DISEASES

The World Health Organization is now spearheading a global effort to eradicate communicable diseases. In many parts of the world various of these diseases are already rare or non-existent. Some of the great killers of the past have been virtually eliminated from the United States and

⁸ Retrolental fibroplasia, a major cause of what once appeared to be congenital blindness, has been virtually eradicated since 1956, when the cause was definitely established and appropriate oxygen regulation procedures were instituted in hospital nurseries.

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Western Europe. Among them are cholera, which ravaged Asia for centuries and spread to Europe and America in severe epidemics during the 19th century; bubonic plague ("black death"), which raged in periodic epidemics for more than 1,200 years prior to the middle of the last century; louse-borne and fever-causing diseases like typhus, which once killed or disabled more soldiers than battle wounds; smallpox, once common in Europe and the United States; yellow fever, a tropical and subtropical scourge which came under control only a generation ago.

The serious illnesses of childhood—diphtheria, scarlet fever, whooping cough, tetanus—now are rarities due to sanitation measures and inoculation. Nutritional diseases are a minor problem in the United States, but only 30 years ago at least 7,000 Americans died of pellagra annually. With the Salk vaccine, polio is coming under control; the 15,400 polio cases in 1956 compared with 58,000 in the peak year 1952.

Malaria, once a serious problem in southern United States, has been virtually banished from this country, and W.H.O. is sponsoring a vigorous campaign against it throughout the world. Ninety-nine countries and territories have been surveyed for malaria control as a first step in the most ambitious anti-disease campaign ever undertaken. Eradication has been almost achieved in nine countries with 231 million inhabitants and is well advanced in large areas of seven other countries with 43 million people. A beginning has been made in another 44 countries with a combined population of 302 million, and steps toward ultimate eradication are being planned in 16 nations with 580 million inhabitants. Malaria deaths throughout the world, which numbered three million in 1946, have dropped to an annual total of less than two million. New cases in southern Europe have fallen from four million a year to only 10,000 a year.

Other diseases which have inflicted historic scourges are being brought under control. Cholera deaths in India and Pakistan, which totaled 824,000 in 1945-49, were only half that number in 1950-54. Tuberculosis, one of the world's greatest killers, has been made manageable by vaccines⁹ and antibiotics.

⁹ The B.C.G. (*Bacillus Calmette-Guerin*) vaccine against tuberculosis, widely used abroad, has been employed only sparingly in the United States. Public health authorities feel that other control measures have made use of the vaccine unnecessary here.

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Resurgence of these diseases, however, is a perpetual danger. Smallpox and cholera returned in force to Pakistan this year, killing nearly 20,000 persons in 4½ months. Cholera took 2,000 lives in the Indian city of Calcutta. The United States early in June flew 1,500,000 doses of cholera vaccine from this country and the Philippines to help fight a cholera epidemic in Thailand which had caused between 200 and 300 fatalities. U.S. public health officers are now taking steps to check a flare-up of yellow fever in Central and South America before it can spread to the southern part of this country. The Russian delegate informed the World Health Assembly at Minneapolis, June 12, that the Soviet Union was prepared to donate 25 million doses of smallpox vaccine to a campaign to wipe out that disease in the next ten years.¹⁰

INFECTIOUS DISEASE PROBLEMS IN UNITED STATES

Even in the United States the war against infectious ills is far from won. Respiratory illnesses, from the common cold to pneumonia, still defy the science of immunology, although new drugs have greatly reduced their death rates. Communicable diseases or their after-effects still account for one-tenth of all deaths in the United States. Last year's Asian influenza epidemic, despite widespread use of vaccine, caused an estimated excess of 15,000 deaths over normal expectations. A Public Health survey showed 82 million Americans bedridden by upper respiratory infections at some time between July 1 and early November 1957. One-half of the absenteeism was attributed to the common cold.

Epidemics of rare infectious diseases, some of them difficult to diagnose, still appear periodically in scattered parts of the United States. The U.S. Public Health Service was called in last year on an outbreak of a pulmonary disease in Austin, Minn., which defied analysis. Aid of the federal health service was sought also in several outbreaks of diphtheria. Even bubonic plague cropped up last year when infected rats were discovered in an Oregon county. Two Americans died of the plague in 1956-57: a hunter in California and a child on a family camping trip in Colorado.¹¹

¹⁰ Study of the feasibility of a W.H.O. drive to eradicate smallpox, proposed by the Soviet Union, was approved at the Minneapolis assembly. W.H.O. reported last November that international travelers had spread smallpox to 18 countries in 1956.

¹¹ Bubonic plague is transmitted from rat to man by the bite of a flea. An anti-plague vaccine is available and the disease may be cured by an antibiotic, if administered in time.

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Many local outbreaks of infectious diseases are found to be due to a virus, which can take any one of innumerable forms and which is submicroscopic in size. Within the past several years, American scientists have recognized at least 70 viruses, previously unknown, which can cause a host of different respiratory ailments. A recent University of Pennsylvania study described two groups of viruses which can cause paralytic symptoms similar to those of polio and which are not affected by the Salk vaccine.

American public health authorities have to grapple occasionally with outbreaks of histoplasmosis, a disease caused by a fungus prevalent in chicken-raising areas, which sometimes causes lung lesions similar to those found in tuberculosis. Hepatitis is still a problem in the United States, and little progress has been made in growing hepatitis virus in laboratory animals. Encephalitis is another virus-caused illness which gives trouble in this country.

Discovery of cures for venereal diseases has failed to eradicate them. The VD rate is now rising after a period of low incidence due to intensive public health campaigns. More than 135,000 cases of syphilis were reported in 1957 and health authorities estimate there are a million cases of gonorrhea. The latter disease is readily cured with penicillin, but it is extremely infectious and may spread rapidly before action can be taken by public health officers.

Tremendous advances have been made in the treatment of tuberculosis, but some 250,000 persons in the United States still suffer from the disease; during 1957, 69,000 new cases were reported and 14,000 patients died. But the incidence of tuberculosis and the death rate decline every year, and its eventual eradication is a definite possibility.

RESISTANT STRAINS OF DISEASE-BEARING ORGANISMS

Antibiotics are a highly effective weapon against many of the infectious diseases, but a new difficulty has appeared in the development of resistant strains of disease-bearing organisms. Outbreaks of staphylococcus infections among mothers, babies and surgical cases in American hospitals last year were attributed to emergence of new, hardy strains of the staph bug. According to the U.S. Public Health Service, as many as one-third of new-born babies in some hospitals were infected. "This is a problem which is drawing increasing attention among hospital administrators and physicians," a health officer told a congress-

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sional committee in February. "At the moment we have only rather crude methods for controlling it, such as separating the beds or closing up a nursery when . . . [it] becomes infected with the staphylococcus organism."

Revision of the W.H.O. attack on malaria, which was being carried out by spraying infected areas with DDT, was forced in 1951 by the appearance of new strains of mosquitoes resistant to that insecticide. Although DDT spraying continues in areas where it is still effective, the main effort today is to wipe out the disease itself rather than merely to destroy disease-carrying mosquitoes. The new approach is practicable because the cycle of transmission is man to mosquito to man, and because the malaria parasite remains active in the human system for only three years. "If the cycle of transmission . . . can be broken, and no new cases occur during those three years, then the spraying campaign can stop. Mosquitoes will still be present, but there will be no sick people from whom they can become infected and pass on the infection."¹²

DELETERIOUS SIDE-EFFECTS OF THE WONDER DRUGS

Development of drugs which strike directly at disease-causing micro-organisms has been a major medical triumph. Use of the "wonder drugs," starting with the sulfanilamides in 1936 and continuing through a constantly expanding list of new compounds, has been the chief factor in cutting down death rates from infections. As in the case of many other beneficial discoveries in medicine, however, use of these drugs has been attended by certain difficulties.

Side-effects have become a major consideration in drug research. They may not appear at all in many persons who take the wonder drugs. In others, unfavorable symptoms of one kind or another may not show up until considerable quantities of a drug have been administered. In some cases, the deleterious effects may be serious. Doctors accordingly have to balance the risks of side-effects against the benefits to be obtained through use of the drugs.

The Food and Drug Administration in 1956 queried 800 hospitals and 1,600 doctors on their experience with antibiotics. The survey showed that various disturbances, ranging from mild to fatal, had afflicted large numbers of patients. In the order of frequency, life-threatening reac-

¹² World Health Organization, *Fact Sheet No. 6*, March 1958, p. 3.

tions to antibiotics were reported as "shock, super-infections, severe skin reactions, blood dyscrasias, and angio-neurotic edema with respiratory tract involvement." These reactions involved disturbances in the blood, the skin, the gastro-intestinal tract, the kidneys, the heart, the nervous system; some of them opened the way for infections more serious than the original illness.

Penicillin was found to produce the largest number and the most severe reactions. Shock was the most frequent adverse reaction, particularly when penicillin was administered intra-muscularly. This reaction had a death rate of 9 per cent. One group of antibiotics, including aureomycin, terramycin and achromycin, may have toxic effects on the liver and cause vomiting, nausea or diarrhea. Streptomycin, useful in tuberculosis, may cause deafness and dizziness. Polymyxin and bacitracin may affect the kidneys. Some sulfa drugs may cause aplastic anemia, which has the effect of preventing normal blood-clotting, or they may induce fever, cause arthritis, asthma, kidney inflammation, numbness or paralysis. The Food and Drug Administration has stressed the "need for care in the administration of [all] antibiotic drugs."

Cortisone, hailed only a few years ago as the great hope for sufferers from arthritis, has proved to have side-effects so undesirable as greatly to limit its use. The drug may interfere with excretion of sodium and potassium from the body, induce edema, raise blood pressure, aggravate peptic ulcers, or even (if taken over a long period) weaken bone structure. Diabetics and sufferers from kidney or heart disease may suffer aggravation of their condition, while some patients develop psychological abnormalities.

Even the milder drugs present hazards when taken to excess. An overdose of aspirin can kill. Tranquilizers, hailed at first as the answer to damaging effects of stress on the human system, soon raised alarm lest great numbers of persons be rendered listless; suicides have been attributed to their depressant effects. The vogue for anti-histamines a few years ago faded because of mild but discomfiting side-effects. Motorists were warned against taking anti-histamines because they might cause drowsiness or mental confusion. All of these drugs are still medically useful, but none has proved to be a sovereign remedy.

Health Gains and Population Changes

THE MOST REVOLUTIONARY consequence of the advance in modern medicine has been the marked drop in death rates. This phenomenon has appeared in every part of the globe. In recent years it has been most striking in underdeveloped countries where death rates had been highest. Lowered mortality has resulted almost entirely from application of modern public health measures on an unprecedented scale and from use of modern drugs to cure communicable diseases.

The World Health Organization, set up in 1948 as a service arm of the United Nations, serves as catalyst, planner and technical adviser to individual nations in carrying out health programs of all types—mass inoculation, destruction of disease carriers, institution of maternal and child health services, provision of drugs and vaccines, and educational campaigns on personal hygiene and nutrition. W.H.O. also sponsors international agreements to prevent the spread of epidemics.

The United States, which conducts on a national basis one of the most massive medical research programs in the world, is now taking the lead in urging a more intensive assault on disease everywhere. Milton Eisenhower, speaking as the President's representative before W.H.O.'s World Health Assembly at Minneapolis on May 27, proposed a world-wide medical "science for peace" program to combat heart disease and cancer. Adlai E. Stevenson proposed in a Commencement Day address at Michigan State University on June 8 that an International Medical Research Year be instituted to promote world-wide collaboration in an assault on the frontiers of medical research.

LOWERING OF DEATH RATES AROUND THE WORLD

Lowered mortality around the world has been achieved by saving the lives of mothers and babies, by preventing deaths of children from malnutrition and disease, and by cutting back the hazard of infectious disease at all ages. Death rates in underdeveloped countries have been brought closer to the rates of developed countries in a phenomenally short time. As an example, a population expert points out that life expectancy in Puerto Rico in 1940 was close

to the average life expectancy in 1890 for Western countries as a whole (46 years); but only a decade later, Puerto Rico's life expectancy equaled the average for the West in 1930 (61 years).¹³

The latest United Nations Demographic Yearbook reports declines in death rates in the past 20 years the world over. The drop in the mortality rate for children under four years of age was nearly 40 per cent in the years 1948 to 1956. The crude death rate from all causes, which in 1930-34 had ranged among the nations from a low of 7 per 100,000 population to a high of 32, had dropped by 1950-54 to a range of 5.4-21.4 "This dramatic lengthening and, to some extent, equalizing of the potential life span have been brought about in every country for which statistics are available. . . . Absolute decreases have occurred in the rates at every age, except for the terminal group of 85 and over, but the relative significance of these tends to be reduced with advancing age."¹⁴

INCREASING STRESS ON MEDICAL NEEDS OF AGED

The effects of a lowered mortality rate on a country's population depend in large measure on what has happened to its birth rate. In nations of the West, the steady decline in the death rate has been accompanied by a decline in the birth rate. Although this parallel movement was interrupted by the baby boom of the war and immediate postwar years, the over-all effect of rapid improvement in mortality rates has been to increase the relative number of elderly persons in the population.

Between 1900 and 1950 the percentage of persons aged 14 years or less in the population of the United States fell from 34 to 27.5, while the percentage of persons over 45 years of age rose from 18 to 28.5. An increase in the group over 65 years of age from 4 to 8 per cent of the population was of particular significance. It has produced what is commonly known as an "aging population," a characteristic of nations with a highly developed society.

A major effect of this development has been to turn public attention to the medical and social needs of the

¹³ George J. Stoltz, "The Revolution in Death Control in Nonindustrial Countries," *Annals of the American Academy of Political and Social Science*, March 1958, p. 96.

¹⁴ *United Nations Demographic Yearbook 1957*, pp. 5, 10.

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elderly, thus emphasizing the importance of the degenerative diseases to one or another of which every person, if he lives long enough, will succumb. One-half of all deaths in the United States are now caused by cancer or heart disease, and there has been a comparable increase in the incidence of the disabling diseases of bodily decline, such as arthritis.

Medical practice and medical research are giving steadily increased attention to diseases of the aging. A beneficial result has been the stirring of new interest among research scientists in mysteries of the life process itself. Much new knowledge on the intricate metabolic processes of the body has been gained in recent years. Some of the most striking achievements at the National Institutes of Health have been breakthroughs in knowledge of the leading roles played by hormones, enzymes and vitamins as "the key compounds that initiate, mediate and control" the complex system by which the functions of life are maintained. Although not immediately applicable to medical practice, these findings hold great promise for the future medical care of an aging population.

The problem of support for a large group of elderly persons has raised questions on the advisability of moving back the conventional age of retirement, and at the same time has turned medical attention to the problem of sustaining physical and mental vitality in the later years. The action eventually taken may depend on whether the birth rate continues high or, as many predict, soon falls back to the norm of prewar years. A United Nations study of aging populations notes that when increasing numbers of people live beyond the working ages, and there is a decline in the birth rate, the economy will be directed more and more to meeting needs of the aged.¹⁵

SPECIAL PROBLEMS OF UNDERDEVELOPED NATIONS

Lowered mortality among young people in the underdeveloped countries has given those countries unusually youthful populations. Not only have medical advances been too recent to bring an accretion of elderly persons, but the mortality gains have not been accompanied by declines in birth rates. This is a new phenomenon in history, its outcome yet to be fully revealed.

¹⁵ United Nations, *The Aging of Populations and Its Economic and Social Implications* (1956), p. 60.

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Health gains in the past have been made in company with gains in the social and economic spheres. They have brought with them steadily improved standards of living and have tended to depress the birth rate. But in many parts of the world today, where high birth rates and high death rates have been historically associated, the life-saving benefits of modern medicine are being conferred without calling into play the forces which curtailed the birth rate in western nations. The result is sensational population growth and a concentration of population in the younger age groups.¹⁶

One immediate effect has been to impede the technological improvement which might bring a higher standard of living to the underdeveloped nations. Kingsley Davis, U.S. representative on the U.N. Population Commission, has observed:

Unimpeded human multiplication is giving the non-industrial countries exactly what most of them do not need—more people. It is hindering their acquisition of what they do need—more capital, more skill and greater productivity. As the struggle for resources intensifies, complex technology will play an ever greater role. Technological advances, however, will hardly be made by peasant populations living near the subsistence level and multiplying at a rate close to three per cent per year. Unless some *deus ex machina* intervenes, the gap between the industrial and the non-industrial countries will not be narrowed.¹⁷

The growing disparity between the have and the have-not nations has tended "to exacerbate the political instability of the latter and to give national population policies a new role." Davis said that the "degree to which students influence politics in many areas is one expression of the importance of youth when their number is disproportionately large and their opportunities disproportionately small." Such countries must "struggle with a high proportion of child-dependency, not fully compensated for by their lesser old-age dependency; and the high proportion of youth affords a fertile source of political instability."

Sheer growth of world population, resulting in large part from the increasing effectiveness of medical science in curbing the death-dealing powers of pestilence and poverty, raises unanswerable questions for the future. The rigors

¹⁶ See "Population Growth and Foreign Aid," *E.R.R.*, 1957 Vol. I, pp. 443-460.

¹⁷ Kingsley Davis, "The Political Impact of New Population Trends," *Foreign Affairs*, January 1958, p. 295.

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of the struggle for survival held down population in primitive times when man lived mainly by hunting. When man became a farmer, life was easier and people multiplied. With the rise of cities, crowding and poverty spread disease and kept population growth in check. Marked expansion of population came only with acquisition of ability to counteract the evil consequences of overcrowding and lack of sanitation.

OMINOUS PROSPECTS IN RAPID POPULATION GROWTH

According to the best estimates, the population of the world doubled in the 200 years between 1650 and 1850; in the latter year the total stood at about 1.1 billion. Only 100 years later, in 1950, it had doubled again to 2.4 billion. Latest estimates put the number of people in the world at 2.7 billion. The annual rate of population increase from 1750 to 1850 was 0.3 per cent; between 1850 and 1950, it was 0.8 per cent. Between 1950 and 1956, the rate of growth was 1.7 per cent.

That means 45 million more people each year, 125,000 each day. And the end is not in sight. At this rate, population will double in 41 years. That means 5.7 billion people on this earth by the year 2000. An annual increase of two per cent is entirely possible in the 1960s if death rates continue to decline in many of the underdeveloped countries. This seems to be inevitable. . . . [It may mean] seven billion people . . . on the earth by the year 2000.¹⁸

The awful possibilities of such a population spurt are the subject of ominous speculation today. The Malthusian theory, that population size is governed ultimately by the extent of the food supply, is gaining new attention, and there are predictions that great famines will be future levelers of the human race. Others fear that growth of national populations will make totalitarianism inevitable.

Increase of numbers of people and of population density results in greater complexities in day-to-day living and in decreased opportunities for personal expression concerning the activities of government. . . . As populations increase and as they press more heavily upon the available resources, there arises the need for increased efficiency, and more elaborate organizations are required to produce sufficient food, to extract the necessary raw materials and to distribute the finished products. . . .

Strong arguments can be presented to the effect that collectivization of humanity is inevitable, that the drift toward an ultimate

¹⁸ Population Reference Bureau, Inc., *Population Bulletin*, June 1958, p. 1.

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state of automatism cannot be halted, that existing human values such as freedom, love and conscience must eventually disappear.¹⁹

Population problems have given impetus to advocacy of birth control in some very thickly settled countries, notably China, India, and Japan. Recent development of an oral contraceptive, now being produced by American pharmaceutical houses, may spur more effective large-scale birth control programs in such countries. Other nations, recognizing that numbers of people are no longer necessarily a measure of national strength, are expected to adopt similar programs.

¹⁹ Harrison Brown, *op. cit.*, pp. 256-257.



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